

Mr. Speaker, I yield back the balance of my time.

Mr. MURPHY of Pennsylvania. Mr. Speaker, may I inquire how much time I have remaining?

The SPEAKER pro tempore. The gentleman has 2½ minutes remaining.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I yield myself the balance of my time.

I want to add my thanks also to the ranking member, Mr. PALLONE, for his steadfast work in this and to his staff. I have learned a lot from them. We have had a lot of conversations and hopefully we have learned from each other.

Particularly, I want to thank EDDIE BERNICE JOHNSON of Texas. Her persistence and her role as a psychiatric nurse has been invaluable in this whole process.

In addition, other Members on the other side of the aisle, Mr. GENE GREEN of Texas and Ms. DEGETTE, MARCY KAPTUR and JIM McDERMOTT, who have been incredible allies in this process, and, of course, the chairman of the full committee, Mr. UPTON.

The staff I want to thank are Gary Andres, Karen Christian, Sam Spector, Paul Edattel, Adrianna Simonelli; my staff, Susan Mosychuk, Scott Dziengelski; my former staff, Brad Grantz; and also Michelle Rosenberg from the committee, for their help.

Publicly, I want to also thank those families who spoke up. Many families came out of their pain—Senator Creigh Deeds, Cathy Costello of Oklahoma, Anthony Hernandez of California and Jennifer Hoff of California, Liza Long from up in Idaho, and Doris Fuller from nearby—all talking about the suffering of their families.

Thousands of other families spoke up, but there are still millions who suffer silently in the shadows trying to deal with mental illness and a Federal Government that has failed them, States that have underfunded it.

I appreciate the comments from my colleagues. Indeed, if we do not fund some of these things we are authorizing here, it is a far cry from what we need to do. But this bill comes a long way in reforming a system.

I ask my colleagues also now, this is one of those moments to put aside any political differences. In the 40 years that I have worked as a psychologist, I have never once asked any of my patients what party they belonged to. We were there to help them. This is our opportunity to speak up for those who have no voice, as I said at the onset, the last, the lost, the least, and the lonely. They depend on us.

I know that Members from both sides of the aisle have told me many times of the stories that they have suffered themselves of their own families and friends.

But now let me take a moment to set aside my title as Congressman or as doctor but to talk as a family member.

I think I was in college at the time when I heard a soft voice call in my

house just saying “help.” It was my father. I went into the bathroom where he was. He had cut the arteries in his arms and he was bleeding out. I called an ambulance and asked them to come get help for him. He eventually recovered and made peace. But it was that soft voice calling for help that I responded to.

It is decades later and he is long gone. But it is that soft voice that millions of Americans are also calling out for help.

We have a chance here with this bill to make a huge difference. Unlike any other bills we may pass in Congress, this is one where I think Members can really go back and say: Today I voted to save lives.

Let's have treatment before tragedy, because where there is help, there is hope.

Mr. Speaker, I yield back the balance of my time.

Mr. LEVIN. Mr. Speaker, reforming our mental health system has been an active priority of mine. That's why I supported legislation increasing access to the mental health care, including the Mental Health Parity Act of 1996, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, the Excellence in Mental Health Act, and the Affordable Care Act.

Among its provisions, the Affordable Care Act expanded mental health parity protections by including mental health coverage as one of ten Essential Health Benefit categories. The ACA also ended insurers' ability to refuse to cover someone due to a pre-existing condition. Prior to the ACA, insurers often declined to cover someone who had diagnoses of mental health conditions such as bipolar disorder, schizophrenia, and anorexia. This was no accident, and these important mental health reforms were yet another reason I supported the ACA.

The amended version of H.R. 2646, the Helping Families in Mental Health Crisis Act as reported out of Committee on the Energy and Commerce, takes another meaningful step towards reforming our mental health system by strengthening enforcement of mental health parity requirements, increasing access to community-based treatment, and growing the mental health workforce. I am pleased to support this bipartisan legislation, and I look forward to working with my colleagues in Congress to continue to improve the nation's mental health system.

□ 1445

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. MURPHY) that the House suspend the rules and pass the bill, H.R. 2646, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MURPHY of Pennsylvania. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

## RESTORING ACCESS TO MEDICATION AND IMPROVING HEALTH SAVINGS ACT OF 2016

Ms. JENKINS of Kansas. Mr. Speaker, pursuant to House Resolution 793, I call up the bill (H.R. 1270) to amend the Internal Revenue Code of 1986 to repeal the amendments made by the Patient Protection and Affordable Care Act which disqualify expenses for over-the-counter drugs under health savings accounts and health flexible spending arrangements, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 793, in lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114-60, is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 1270

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Restoring Access to Medication and Improving Health Savings Act of 2016”.

### TITLE I—RESTORING ACCESS TO MEDICATION ACT OF 2016

#### SEC. 101. SHORT TITLE.

This title may be cited as the “Restoring Access to Medication Act of 2016”.

#### SEC. 102. REPEAL OF DISQUALIFICATION OF EXPENSES FOR OVER-THE-COUNTER DRUGS UNDER CERTAIN ACCOUNTS AND ARRANGEMENTS.

(a) HSAs.—Section 223(d)(2)(A) of the Internal Revenue Code of 1986 is amended by striking the last sentence.

(b) ARCHER MSAs.—Section 220(d)(2)(A) of such Code is amended by striking the last sentence.

(c) HEALTH FLEXIBLE SPENDING ARRANGEMENTS AND HEALTH REIMBURSEMENT ARRANGEMENTS.—Section 106 of such Code is amended by striking subsection (f).

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to expenses incurred after December 31, 2016.

### TITLE II—HEALTH CARE SECURITY ACT OF 2016

#### SEC. 201. SHORT TITLE.

This title may be cited as the “Health Care Security Act of 2016”.

#### SEC. 202. ALLOW BOTH SPOUSES TO MAKE CATCH-UP CONTRIBUTIONS TO THE SAME HEALTH SAVINGS ACCOUNT.

(a) IN GENERAL.—Section 223(b)(5) of the Internal Revenue Code of 1986 is amended to read as follows:

“(5) SPECIAL RULE FOR MARRIED INDIVIDUALS WITH FAMILY COVERAGE.—

“(A) IN GENERAL.—In the case of individuals who are married to each other, if both spouses are eligible individuals and either spouse has family coverage under a high deductible health plan as of the first day of any month—

“(i) the limitation under paragraph (1) shall be applied by not taking into account any other high deductible health plan coverage of either spouse (and if such spouses both have family coverage under separate high deductible health plans, only one such coverage shall be taken into account),

“(ii) such limitation (after application of clause (i)) shall be reduced by the aggregate amount paid to Archer MSAs of such spouses for the taxable year, and

“(iii) such limitation (after application of clauses (i) and (ii)) shall be divided equally between such spouses unless they agree on a different division.

“(B) TREATMENT OF ADDITIONAL CONTRIBUTION AMOUNTS.—If both spouses referred to in subparagraph (A) have attained age 55 before the close of the taxable year, the limitation referred to in subparagraph (A)(iii) which is subject to division between the spouses shall include the additional contribution amounts determined under paragraph (3) for both spouses. In any other case, any additional contribution amount determined under paragraph (3) shall not be taken into account under subparagraph (A)(iii) and shall not be subject to division between the spouses.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

#### SEC. 203. SPECIAL RULE FOR CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF HEALTH SAVINGS ACCOUNT.

(a) IN GENERAL.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(D) TREATMENT OF CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF ACCOUNT.—If a health savings account is established during the 60-day period beginning on the date that coverage of the account beneficiary under a high deductible health plan begins, then, solely for purposes of determining whether an amount paid is used for a qualified medical expense, such account shall be treated as having been established on the date that such coverage begins.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to coverage beginning after December 31, 2016.

#### SEC. 204. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAVINGS ACCOUNT INCREASED TO AMOUNT OF DEDUCTIBLE AND OUT-OF-POCKET LIMITATION.

(a) SELF-ONLY COVERAGE.—Section 223(b)(2)(A) of the Internal Revenue Code of 1986 is amended by striking “\$2,250” and inserting “the amount in effect under subsection (c)(2)(A)(ii)(I)”.

(b) FAMILY COVERAGE.—Section 223(b)(2)(B) of such Code is amended by striking “\$4,500” and inserting “the amount in effect under subsection (c)(2)(A)(ii)(II)”.

(c) CONFORMING AMENDMENTS.—Section 223(g)(1) of such Code is amended—

(1) by striking “subsections (b)(2) and” both places it appears and inserting “subsection”, and

(2) by striking “determined by” in subparagraph (B) thereof and all that follows through “‘calendar year 2003’” and inserting “determined by substituting ‘calendar year 2003’ for ‘calendar year 1992’ in subparagraph (B) thereof.”

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2016.

#### TITLE III—PROTECTING TAXPAYERS BY RECOVERING IMPROPER OBAMACARE SUBSIDY OVERPAYMENTS ACT

##### SEC. 301. SHORT TITLE.

This title may be cited as the “Protecting Taxpayers by Recovering Improper Obamacare Subsidy Overpayments Act”.

##### SEC. 302. RECOVERY OF IMPROPER OVERPAYMENTS RESULTING FROM CERTAIN FEDERALLY SUBSIDIZED HEALTH INSURANCE.

(a) IN GENERAL.—Section 36B(f)(2)(B)(i) of the Internal Revenue Code of 1986 is amended to read as follows:

“(i) IN GENERAL.—In the case of a taxpayer whose household income is less than 300 per-

cent of the poverty line for the size of the family involved for the taxable year, the amount of the increase under subparagraph (A) shall in no event exceed the applicable dollar amount determined in accordance with the following table (one-half of such amount in the case of a taxpayer whose tax is determined under section 1(c) for the taxable year):

“If the household income (expressed as a percent of poverty line) is:	The applicable dollar amount is:
Less than 200% .....	\$600
At least 200% but less than 250%.	\$1,500
At least 250% but less than 300%.	\$3,000.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The gentlewoman from Kansas (Ms. JENKINS) and the gentleman from Michigan (Mr. LEVIN) each will control 30 minutes.

The Chair recognizes the gentlewoman from Kansas.

##### GENERAL LEAVE

Ms. JENKINS of Kansas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1270, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Kansas?

There was no objection.

Ms. JENKINS of Kansas. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 1270, the Restoring Access to Medication and Improving Health Savings Act. This bill contains policies that folks on both sides of the aisle can support and have supported in the past.

With the cost of health care rising, from hospital stays to doctor visits and prescription drugs, and the ever-present regulatory burdens of the Patient Protection and Affordable Care Act, H.R. 1270 combines three measures that put the people back in control of their own healthcare spending, gain more access to the over-the-counter medications they need, and decrease government spending.

One of the most head-scratching provisions of Obamacare requires people to get a doctor's prescription if they want to buy over-the-counter medicines at a pharmacy with their HSA money. This provision is just about the polar opposite to what most folks think of when buying aspirin or other common medicines at their pharmacy.

Instead of simply walking in and paying with their HSA card for that medicine, they are turned down and told to set up an appointment with their doctor just to get a script for that medicine. It does not decrease costs for the patient or the government. It actually increases the burden people have to get those medications. Now they must

make the appointment, wait for days or weeks for the visit, and take that doctor's time away from sick patients, all to get some allergy medicine.

H.R. 1270 will allow people to use their HSAs to buy over-the-counter medications at pharmacies because, when someone needs some allergy medicine during this time, they should be able to get that medicine whenever they need it.

With that, H.R. 1270 will allow people to put more into their HSA accounts and match the amount of their deductible and out-of-pocket costs. It will allow people to contribute \$6,550 individually and \$13,100 for a family, and those amounts will grow with inflation.

Another provision that makes it harder to use an HSA declares that taxpayers may use HSA funds only for qualified medical expenses incurred after the establishment of the HSA, which might be some time after the establishment of the associated high-deductible health plan, or HDHP. The provision would treat HSAs opened within 60 days after gaining coverage under an HDHP as having been opened on the same day as the HDHP.

Also, for eligible older, married Americans, this bill allows them to contribute catch-up contributions to one shared HSA, simplifying the saving process and ultimately enabling them to save more and gain more control over their own health care.

Finally, H.R. 1270 will better protect taxpayer dollars and modify existing limits on the amounts to be repaid by those whose advance payments exceed the ObamaCare subsidy to which they are entitled. This is a bipartisan offset. Twice, Congress has voted to increase the amount of improper ObamaCare subsidy overpayments that need to be repaid. Increasing the recovery of improper subsidy overpayments was first proposed by Senate Democrats in the 2010 Medicare doc fix and extenders legislation. Former HHS Secretary Sebelius described this offset as making it “fairer” for all taxpayers.

As currently structured, the Democrats' healthcare law fails to adequately protect taxpayers from overpayments of the Federal subsidies to purchase health insurance, even in the case of fraud. The current law limits the amount of money that can be recouped if recipients receive a greater subsidy than they are entitled to, even if that means keeping thousands of extra dollars in overpayments.

H.R. 1270 ensures full repayment for those making more than 300 percent of the Federal poverty level and doubles the current repayment cap for those between 250 and 300 percent of the Federal poverty level. This is not a tax increase or a way to punish those who receive a pay increase; rather, it is a measure to show our constituents that we are taking care of their tax dollars by requiring the return of overpayments.

Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself such time as I may consume.

The House was originally scheduled to take up this bill tomorrow—tomorrow. There was a hole, a hole created by Republicans' refusal to consider meaningful legislation to address gun violence in this country.

I was on the steps of the Capitol earlier today hearing the poignant stories—at times, virtually unbearable to hear—from victims of gun violence, the shattering impact on themselves or their children, and what it means in real terms for the lives of their families.

The bill now before us can be simply described: a tax cut mainly for the most wealthy, being paid for by the loss of health coverage for 130,000 Americans.

As the White House noted in its Statement of Administration Policy:

"The administration strongly opposes House passage of H.R. 1270, which would create new and unnecessary tax breaks that disproportionately benefit high-income people, increase taxes for low- and middle-income people, and do nothing to improve the quality of or address the underlying cost of health care."

The Republicans have totally failed during the 6 years of healthcare reform to present an alternative. Instead, it is repeal or destroy the ACA. This is the 64th vote to repeal or undermine the ACA.

This bill is one of their scattered proposals on health care. According to the Joint Tax Committee, of the approximately 1.2 million returns in 2013 with an HSA deduction, more than 50 percent are from people with incomes ranging from \$100,000 to \$200,000 to over \$1 million. This bill would double their tax benefit.

For Republicans, their banner is "the more income inequality, the better."

I strongly urge my colleagues to vote "no."

Mr. Speaker, I reserve the balance of my time, and I yield the balance of my time to the gentleman from Washington (Mr. McDERMOTT), who is the ranking member on the Health Subcommittee, and ask unanimous consent that he may control that time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Ms. JENKINS of Kansas. Mr. Speaker, I yield 3 minutes to the gentleman from Louisiana (Mr. BOUSTANY), our leader on the Ways and Means Committee and a subcommittee chairman.

Mr. BOUSTANY. Mr. Speaker, I rise in support of the Restoring Access to Medication and Improving Health Savings Act, bipartisan legislation to fix yet another provision within ObamaCare that defies all common sense.

I have to commend my colleagues on the House Ways and Means Committee,

Congresswoman LYNN JENKINS and Congressman RON KIND, for coming together on this bipartisan legislation for the sake of getting good policy.

This legislation repeals an ObamaCare provision that prohibited Americans from using their pretax healthcare savings to purchase qualified over-the-counter medications. Over-the-counter treatments provide the first line of defense for minor ailments and illnesses. As a physician, I certainly know this well. Also, as a parent of two children, I know this quite well.

We all know, Mr. Speaker, concern over the rapidly escalating cost of health care is shared on a strongly bipartisan basis. On this point, I think we all can agree. In that same vein, ensuring Americans have access to the most appropriate care at the right time is a critical factor in curbing overutilization of healthcare services. In short, not every ailment or minor illness necessitates a trip to the doctor or emergency room.

My colleagues across the aisle, the architects of ObamaCare, have vastly underestimated the value in savings that over-the-counter treatment options provide each year to the U.S. healthcare system.

Access to over-the-counter treatments is estimated to save the U.S. healthcare system and consumers \$102 billion, on average, each year in avoided clinical and prescription expenditures.

On average, physicians cite roughly 10 percent of office visits each year that could be avoided through appropriate use of over-the-counter treatment options.

In my home State of Louisiana, out-of-pocket expenditures for health care over the past 10 years has more than doubled, with the most recent annual statewide expenditure for medications, alone, totaling nearly \$5 billion.

This is the right approach for protecting American families and seniors from some of the worst effects of ObamaCare.

I firmly believe allowing Americans to use their pretax dollars toward their out-of-pocket healthcare costs serves as a powerful tool to start really bending the healthcare cost curve in America. That is why I urge my colleagues to support this very sensible bipartisan legislation.

Mr. McDERMOTT. Mr. Speaker, I yield myself such time as I may consume.

I include in the RECORD an editorial from The Washington Post called, "The Myth of Paul Ryan."

[From the Washington Post, July 5, 2016]

THE MYTH OF PAUL RYAN

(By Katrina vanden Heuvel)

It's also an apt description of the man Trump supplanted as de facto leader of the party—Romney's running mate in 2012, House Speaker Paul D. Ryan (R-Wis.).

Indeed, years before Trump sold Republican primary voters on the myth of his own great success, Ryan sold a credulous Wash-

ington establishment on the notion that he was a serious thinker overflowing with political courage—a policy wonk uniquely willing to tackle tough issues such as entitlement reform. In the past month, however, it has become more obvious than ever that Ryan's reputation is worth about as much as a degree from Trump University. Let's review.

After a fleeting flirtation with principle, Ryan kicked off June by endorsing Trump for president. Despite his previous indication that Trump would have to change course to earn his support, Ryan's endorsement came without any public concessions or reassurances from Trump. It also came after The Post reported in late 2013 that Ryan was embarking on a personal crusade to steer Republicans "away from the angry, nativist inclinations of the tea party" and toward a "more inclusive vision."

A few weeks after bowing to Trump, Ryan did take a stand—against the historic sit-in on the House floor led by civil rights icon Rep. John Lewis (D-Ga.) to demand a vote on gun legislation. Ryan derided the show of solidarity with victims of gun violence as a "publicity stunt" and warned ominously that in the future, "We will not take this. We will not tolerate this." (But Ryan has said the House will vote on a GOP-sponsored gun bill this week.)

Lastly, there is Ryan's supposed bread and butter: a policy agenda rolled out over the course of the month.

Ryan put forward a health-care proposal that was hyped as the long-awaited Republican alternative to the Affordable Care Act, but the "plan" consisted largely of well-worn talking points instead of actual legislation. In a withering editorial titled "Paul Ryan's flimsy health plan," The Post's editorial board described it as "less detailed in a variety of crucial ways than previous conservative health reform proposals," while adding, "The outlines that the speaker did provide suggest that it would be hard on the poor, old and sick."

He also released a tax reform proposal that, according to the Wall Street Journal, "isn't detailed enough for a complete non-partisan congressional analysis to verify the effect on the budget and on households." The limited details he did provide, however, do not paint a pretty picture. It's not just that Ryan proposes to slash rates for the rich and corporations. He also wants to create a new loophole for "pass-through" income, which is a feature of Trump's proposal and the disastrous plan implemented by Kansas Gov. Sam Brownback.

(R) that has wrecked his state's finances. And perhaps most significantly, given his disavowal of his past "makers and takers" rhetoric, Ryan introduced an "antipoverty" plan that would severely weaken the safety net for those living in poverty. The plan, according to Politico, is mostly "repackaged GOP proposals," including cuts to unemployment assistance, Head Start and federal Pell Grants. With Ryan's blue-collar home town of Janesville already suffering the consequences of corporate trade deals and other Ryan-backed economic policies that have eviscerated the city's manufacturing base, TalkPoverty editor Greg Kaufmann writes that Ryan's latest proposal demonstrates "his enduring disconnect from the people struggling in his own district and across America."

None of this is new. Ryan has been selling snake oil for years—promising to "save" Medicare by privatizing it, boasting that he could balance the budget with tax cuts for the rich and without any cuts to defense spending, pretending to be a pragmatist while embracing the extreme ideological dogmas of Ayn Rand and the religious right. But his unearned standing as a serious and

courageous leader in a sea of cynical hacks has persisted nonetheless. Even today, there are those who sympathize with Ryan, suggesting that he is somehow a victim of Trump and right-wing Republicans in Congress when, in fact, his leadership—and failures thereof—helped pave their path to power.

When he was nominated for vice president in 2012, I wrote that Ryan's vision for the country isn't courageous—it's cruel. While that remains true four years later, it's not only Ryan's policy goals that need to be exposed for what they are.

Mr. McDERMOTT. Mr. Speaker, June 22 was a historic day in this House. You could look at it from two different positions. One was it was the day that the Speaker was going to roll out, finally, after 2,000 days, his plan for health care in this country.

□ 1500

Unfortunately for him, in the well of the House, the Democrats decided that, maybe, commonsense gun legislation was more important. This bill was supposed to come up that day, but, instead, it was put up for today, and then it was put up for tomorrow. It is important because this is the fundamental underpinning of the undoing of the ACA for this country.

There was a feeling on this floor that it was more important to talk about commonsense gun legislation. People were out there, worried about it, and we stood around here again and again, bowing our heads, and said: "Gee, we are feeling awful about this," and then went on with business; so the Democrats sat down and said: "We are going to do something about this."

The Speaker is the Speaker, and he is not to be denied, so here comes his bill again. He couldn't get it on June 22. We are revisiting this bill with the added benefit of some time to have actually looked at what the Republican healthcare plan is. The reviews are now in. The article I included from *The Washington Post* calls it a "flimsy health plan," "PAUL RYAN's flimsy health plan." The American people don't understand what he is about to do to them.

Medicare would be replaced by a voucher system. Medicaid would be cut radically. Consumer protections would be rolled back. Women would be denied the care they are entitled to. These are the same tired, harmful ideas that the Republicans have proposed time and time again. At the heart of this proposal is a dramatic shift of costs onto the patients. That means the wealthy will win and that the poor and the middle class will lose.

H.R. 1270, which is knocking gun legislation off the agenda, is the first place they will begin the process of putting the Ryan plan into action. It is the first of a dozen bills that are required if they are serious about destroying the ACA and replacing it with their vision of health care for America. Like the rest of the Republican health debacle, H.R. 1270 is a harmful, poorly thought-out policy. This bill has three

main parts, each of which will have damaging impacts on the Tax Code and on the healthcare system.

The first is to expand the HSAs, the health savings accounts. Health savings accounts are used by fewer than 1 percent of Americans—0.7 percent of Americans use HSAs. If you are above \$1 million, 6 percent use them. These are mechanisms for the rich to save money around healthcare costs. Few middle and working class Americans have the incomes necessary to even contribute to HSAs.

The second thing it does is to repeal an important Affordable Care Act tax revenue provision and to put more money, tax free, in the hands of drug manufacturers—\$20 billion for HSAs and \$5 billion for the drug manufacturers in this country, as if they weren't making enough. We can't even have a meaningful hearing in the Ways and Means Committee on the costs of pharmaceuticals for Americans in the Medicare program.

Of course, now that we have given away \$25 billion, we have got to have a pay-for. Where will we get that pay-for?

There is something in the ACA called the true-up process. Now, if you are somebody with an income of up to 200 percent of poverty and you are working and you get a subsidy from the government because you need it to afford to buy your healthcare plan, if something changes in your life during that year, there has to be a so-called true-up process. That is, you received too much in benefits, so you have to pay it back to the Federal Government.

Now, when \$175,000 people like us write a bill of a grand here, a grand there, it is not really a big deal; but when you are making \$40,000 or \$30,000 for a family of four or \$50,000 for a family of four, \$1,000 is a big deal.

This was a provision in the Affordable Care Act that said, if you have to pay the government back, you have to pay some proportion, not all of it, because we know it would be a real hit at the end of the year to suddenly get a bill from the IRS for \$1,000. It was a way to keep people able to buy health insurance. The CBO says 130,000 fewer Americans will have coverage because of this provision. That is how you pay for giving \$20 billion to the top and \$5 billion to the pharmaceutical manufacturers, and that is why some of us are going to oppose this bill.

My belief is that, if you are serious about dealing with health care, you are going to have to write it down. Mr. RYAN put a beautiful talking point list out with not a single word of legislation. He will not write down what he really intends to do. You have to kind of intuit it and have to have spent your life thinking about this stuff to understand all of the intricacies of what he is up to.

The really upsetting thing is that we ought to be dealing with gun legislation here. The American people are entitled to have us vote on gun legislation.

I reserve the balance of my time.

Ms. JENKINS of Kansas. Mr. Speaker, I yield 3 minutes to the gentleman from Minnesota (Mr. PAULSEN), a member of the Ways and Means Committee and an author of one portion of this bill.

Mr. PAULSEN. I thank the gentlewoman for yielding.

Mr. Speaker, I thank Representative JENKINS for her leadership and advocacy on behalf of consumers' choice in health care, and that is exactly what this bipartisan bill does and is all about. It is giving everyone the flexibility and the ability to make healthcare choices that are best for them and for their families, because no matter what your views are about the President's new healthcare law, you have to acknowledge that healthcare costs continue to go up for families, for small businesses, and for individuals alike. It is a pocketbook issue. Families want to have more tools and more flexibility to lower their costs and to set aside money to help pay for health care.

Today, more and more people—nearly 20 million Americans—are using these health savings accounts to help save for health care. These are accounts that are used by regular, middle-income folks. In fact, the Joint Committee on Taxation just released brand new information, while we were gone on the Fourth of July recess, that points out that almost 80 percent of people who are using these HSA accounts are middle-income and low-income. Half of the folks had incomes between \$75,000 and \$200,000, and 27 percent of the folks had incomes below \$75,000. This is because the HSA is a very important tool that gives families certainty to help lower their healthcare bills. It allows them to shop around for the best quality care at the lowest price just like anything else they want to buy.

Mr. Speaker, HSAs are growing in popularity. We know that. It is time to improve these accounts now to make them easier for all consumers to use. In Minnesota, 800,000 consumers and Minnesotans are eligible and are part of these HSA healthcare plans.

This bill contains more commonsense reforms to help patients. It does include restoring the ability of patients to use their own healthcare dollars in health savings accounts and in flexible spending accounts to purchase over-the-counter medications without their having to get doctors' prescriptions first. There is no reason for patients to have to make unnecessary doctors' visits just so they can use their own money to buy allergy medication or cold medicine like Advil or Claritin.

In addition, this bill does include provisions, which I authored, to make it easier for spouses to contribute and to consolidate their accounts as they near retirement. It also allows for them to pay for their health care as they open their HSA accounts, and it allows them to set aside enough money to cover all

of their deductible and out-of-pocket costs.

Mr. Speaker, this bill is good policy. It is bipartisan, and it is fiscally responsible. Most importantly, it helps families save and pay for their health care.

Mr. McDERMOTT. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. DANNY K. DAVIS).

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I would much rather be discussing a bill that would get automatic and semiautomatic weapons out of our lives. Nevertheless, I strongly oppose H.R. 1270. This bill gives advantage to the most secure in our country at the expense of the vulnerable. If you really look at it, it is kind of Robin Hood health care in reverse.

According to the Joint Committee on Taxation, health savings accounts vastly benefit high-income earners. Fewer than 0.5 percent of taxpayers with incomes under \$50,000 contribute to HSAs, yet 6.3 percent of taxpayers who earn over \$500,000 contribute to these accounts. This is not surprising because it is high-income earners who can set aside thousands of dollars in HSAs. The median income in my congressional district is \$51,311. The vast majority of my constituents will not benefit from this bill, but they will be harmed by it.

To pay for the \$24 million boon to the upper income, this bill hikes up the healthcare costs of low- and middle-income Americans. When low- and middle-income families receive financial help to make their ACA health insurance more affordable, the ACA wisely protects them from excessive penalties if they incorrectly predict their annual incomes. Shockingly, H.R. 1270 removes these important consumer protections from thousands of low- and middle-income families in order to pay for the tax breaks for the wealthy.

In addition to increasing costs for struggling families, the bill would result in approximately 130,000 fewer individuals who are covered by health insurance. HSA expansion is not a substitute for comprehensive healthcare reform. HSA expansion does not lower healthcare costs nor improves the quality of healthcare services.

Rather than raising the minimum wage, creating jobs, or growing the economy, the Republican leadership simply advances HSA expansion to bolster the wealth of the most privileged at the expense of the vulnerable. I urge my colleagues to reject this bill and vote "no."

Ms. JENKINS of Kansas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BRADY), the esteemed chairman of our House Ways and Means Committee.

Mr. BRADY of Texas. Mr. Speaker, I rise in support of H.R. 1270, the Restoring Access to Medication Act of 2016, led and authored by Congresswoman LYNN JENKINS.

House Republicans recognize the Affordable Care Act is really making life

harder for so many families and job creators. That is why we have released a detailed plan to repeal this controversial law and have put in place healthcare solutions that are focused on what the American people need, not what Washington needs. This bill by Congresswoman JENKINS helps build upon and advance that important effort. The legislation is a testament to regular legislative order. It contains three policies that have been approved in advance by the Ways and Means Committee.

First, H.R. 1270 eliminates a nonsensical ObamaCare regulation that puts Washington between patients and the medications they need.

Under ObamaCare, Americans are limited. They can only use their personal medical savings accounts to buy prescription drugs only. It doesn't matter if there is an over-the-counter alternative that works just as well and costs half as much. No. ObamaCare says you cannot use your own health savings to pay for it without an expensive prescription. This bill cuts this Federal red tape so Americans, in a commonsense way, have the freedom to use their own health savings or flexible spending accounts to buy the medication that best suits them regardless of what side of the counter it comes from.

Second, the bill makes commonsense improvements to how you contribute to and spend from your health savings accounts.

These improvements, first introduced by Representative PAULSEN and Dr. BURGESS, allow Americans to save more, to coordinate their savings with their spouses, and to have better access to their savings.

Finally, the measure acts to protect taxpayer dollars by making sure that those who aren't eligible to get subsidies pay them back. It makes common sense. If you are not eligible, you should pay them back. Some patients do under the current law.

Twice, Republicans and Democrats have come together to make the ObamaCare subsidy repayment fairer. I am hopeful that we can continue that sense of bipartisan cooperation today. I congratulate Congresswoman JENKINS. Her bill will help people in America save. I urge its support.

□ 1515

Mr. McDERMOTT. Mr. Speaker, I reserve the balance of my time.

Ms. JENKINS of Kansas. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. HOLDING), a member of the Ways and Means Committee.

Mr. HOLDING. Mr. Speaker, thank you for the opportunity to speak on this important bill. I would also like to thank my colleagues on the Ways and Means Committee, particularly Ms. JENKINS, for collaborating to put this package together.

The bill before us is built on two important principles: patient-centered health care and good governance.

This bill will expand consumer-driven healthcare accounts. For families and individuals, this means expanding their ability to set aside hard-earned money tax free and giving them the ability to spend their money on the benefits most useful to them.

This bill will allow Americans to use the money they have set aside for health care on over-the-counter medication regardless if they go to their doctor beforehand.

Just as important, Mr. Speaker, this bill will put a stop to the Federal Government continuing to overpay for ObamaCare subsidies, thereby protecting taxpayer dollars.

I support these principles, and I urge my colleagues to support the bill.

Mr. McDERMOTT. Mr. Speaker, I reserve the balance of my time.

Ms. JENKINS of Kansas. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 1270, because Americans should have every opportunity to use how they see fit their health savings accounts or health flexible spending arrangements.

When ObamaCare was passed into law, one of the many things it limited was what health savings accounts could be used for. Under ObamaCare, health savings accounts or flexible spending accounts can only be used for prescription medications and insulin. In other words, if you have a headache, you cannot use the money you have saved for medication services. You would need to either get a prescription for your headache or pay for an over-the-counter drug out of pocket.

I believe one aspect to any successful marketplace is allowing consumers to use their income and resources as they see fit to manage their health. Limitations and control by the government on how Americans can interact with retail businesses is never good, especially in health care. That is why H.R. 1270 is so important.

H.R. 1270 removes the ObamaCare limitation on medication payments for health savings accounts and health flexible spending arrangements so Americans can use their accounts for both over-the-counter medications as well as prescription medications.

We must continue to remove the governmental barriers that limit consumer action and choice. We must work to ensure that every American has choices to make so the U.S. healthcare system remains consumer driven.

I encourage my colleagues to support this legislation.

Mr. McDERMOTT. Mr. Speaker, I yield myself such time as I may consume.

I include into the RECORD a letter from the Executive Office of the President, a Statement of Administration Policy dated 21 June of 2016 on this bill where the President says, in the last line:

"If the President were presented with H.R. 1270, he would veto the bill."

## STATEMENT OF ADMINISTRATION POLICY

H.R. 1270—THE RESTORING ACCESS TO MEDICATION ACT OF 2015—REP. JENKINS, R-KS, AND 39 COSPONSORS

The Administration strongly opposes House passage of H.R. 1270, which would create new and unnecessary tax breaks that disproportionately benefit high-income people, increase taxes for low- and middle-income people, and do nothing to improve the quality of or address the underlying cost of health care.

The Affordable Care Act is working and is fully integrated into an improved American health care system. Discrimination based on pre-existing conditions is a thing of the past. Thanks to the Affordable Care Act, 20 million more Americans have health insurance. And under the Affordable Care Act, we have seen the slowest growth in health care prices in 50 years, benefiting all Americans.

H.R. 1270 would repeal the Affordable Care Act's provisions that limit the use of flexible savings accounts for over-the-counter drugs—provisions that help fund the law's coverage improvements and expansions. The bill also would provide additional tax breaks that disproportionately benefit those with higher income by expanding tax-preferred health savings accounts. These changes would do little to reduce health care costs or improve quality. To fund these new high-income tax breaks, H.R. 1270 would increase taxes paid by low- and middle-income families by removing the law's limit on repayment of premium tax credits available through the Health Insurance Marketplaces.

Rather than refighting old political battles by once again voting to repeal parts of the Affordable Care Act, Members of Congress should be working together to grow the economy, strengthen middle-class families, and create new jobs.

If the President were presented with H.R. 1270, he would veto the bill.

Mr. McDERMOTT. Mr. Speaker, it is very clear that this is, as Mr. LEVIN said, the 64th or 65th—I have lost count—effort to undermine the Affordable Care Act and to begin the process of sliding Americans away from Medicare and Medicaid and privatize the whole business and leave the American people in the loving hands of the insurance industry. We understand.

Newt Gingrich said, when he became Speaker, that his number one goal was to get rid of Medicare; and the Republican Party has been doing that since 1994. I have been here the whole time and watched it over and over and over again. We have beaten it back, we have beaten it back, and we have beaten it back.

The fact is that the American people are entitled to security in their health care. In every other industrialized country in the world, people do not worry about being bankrupted by their illness or an injury or whatever might happen to them.

Health care is not something that you have very much control over. In fact, this idea that you can shop your health care; that somehow, as you are driving down the road and suddenly your heart has problems, you can stop and say, "Well, let me get a phone book here and find the cheapest cardiologist to go to or the cheapest cardiac surgeon," that kind of shopping doesn't go on. We are not buying iceboxes here.

We are designing a system where we are trying to help everybody.

The Republican plan is simply pulling people away from that and forcing them into their own individual box. You take care of yourself. I have no responsibility for you whatsoever.

That is the end of a civilized society when we stop caring about people in the society who have the most trouble dealing with the problems they face, not because they are weak or stupid.

These people who are getting these benefits, buying their healthcare plan, are using that money because they don't have enough to do it on their own. Something changes in their life. One of their kids gets married. Suddenly they are no longer a deduction. So they have suddenly got to be in the true-up process, and we are going to take their money away from them because their kid got married.

Now, my view is that everything about this bill is not in the best interest of the American people. Not only are they entitled to health security, they ought to have some security, and that means that we ought to have a process where everybody who wants to buy a gun ought to have to go through a background check.

I was going home on the plane last week after what went on here, and a guy came down the aisle about the size of the man in the chair and said to me: "I am a gun collector, and I got 25 guns and they are all registered, and they should be. And I am a Republican."

This country understands the commonsense nature of the legislation that we should be considering today here. Instead, we get the beginnings of eroding the healthcare system. The Speaker is inexorably working toward it, and we will just have to keep fighting.

I yield back the balance of my time.

Ms. JENKINS OF Kansas. Mr. Speaker, as I said in my opening statement, this bill deserves bipartisan support.

It seems that the main objection from my Democratic colleagues relates to the ObamaCare subsidy overpayments, and our desire to get back some of the money that our constituents have received either fraudulently or not under this law is just a commonsense approach.

This is not a tax on poor Americans nor is it a Robin Hood-style break for rich Americans. Rather, it is a bipartisan offset that many of my friends on the other side of the aisle have voted for not once, but twice. It is a chance to fulfill our obligation to be good stewards of the dollars that hard-working Americans have paid in taxes.

We must pass H.R. 1270 to protect taxpayers, reduce the deficit by more than \$2 billion, and show that we can agree to change some bad provisions in ObamaCare that drive up costs, decrease access, and unwisely spend taxpayer dollars.

I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 793, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. JENKINS of Kansas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the passage of the bill will be followed by 5-minute votes on:

Ordering the previous question on House Resolution 803;

Adoption of House Resolution 803, if ordered;

The motion to suspend the rules and pass S. 1252; and

The motion to suspend the rules and pass H.R. 2646.

The vote was taken by electronic device, and there were—yeas 243, nays 164, not voting 26, as follows:

[Roll No. 351]

YEAS—243

Abraham	Fincher	LaHood
Aderholt	Fitzpatrick	Lamborn
Allen	Fleischmann	Lance
Amash	Fleming	Latta
Amodei	Flores	Lipinski
Ashford	Forbes	LoBiondo
Babin	Fortenberry	Long
Barletta	Fox	Loudermilk
Barr	Franks (AZ)	Love
Barton	Frelinghuysen	Lucas
Benishek	Garrett	Luetkemeyer
Bera	Gibbs	Lummis
Billirakis	Gibson	MacArthur
Bishop (MI)	Gohmert	Marchant
Bishop (UT)	Goodlatte	Marino
Black	Gosar	Massie
Blackburn	Gowdy	McCarthy
Blum	Granger	McCaul
Boustany	Graves (GA)	McClintock
Brady (TX)	Graves (LA)	McHenry
Brat	Graves (MO)	McKinley
Bridenstine	Griffith	McMorris
Brooks (AL)	Grothman	Rodgers
Brooks (IN)	Guinta	McSally
Buck	Guthrie	Meadows
Bucshon	Hanna	Meehan
Burgess	Hardy	Messer
Byrne	Harper	Mica
Calvert	Hartzler	Miller (FL)
Carney	Heck (NV)	Miller (MI)
Carter (GA)	Hensarling	Moolenaar
Carter (TX)	Herrera Beutler	Mooney (WV)
Chabot	Hice, Jody B.	Mullin
Chaffetz	Hill	Mulvaney
Clawson (FL)	Holding	Murphy (PA)
Coffman	Hudson	Neugebauer
Cole	Huelskamp	Newhouse
Collins (GA)	Huizenga (MI)	Noem
Collins (NY)	Hultgren	Nunes
Comstock	Hunter	Olson
Conaway	Hurd (TX)	Palazzo
Cook	Hurt (VA)	Palmer
Costa	Issa	Paulsen
Costello (PA)	Jenkins (KS)	Pearce
Crawford	Jenkins (WV)	Perry
Crenshaw	Johnson (OH)	Peters
Cuellar	Johnson, Sam	Peterson
Curbelo (FL)	Jolly	Pittenger
Davidson	Jones	Pitts
Davis, Rodney	Jordan	Poe (TX)
Dent	Joyce	Poliquin
DesJarlais	Kelly (MS)	Pompeo
Diaz-Balart	Kelly (PA)	Posey
Dold	Kind	Price, Tom
Donovan	King (IA)	Ratcliffe
Duffy	King (NY)	Reed
Duncan (SC)	Kinzinger (IL)	Reichert
Duncan (TN)	Kline	Renacci
Emmer (MN)	Knight	Ribble
Farenthold	Labrador	Rice (SC)



Rigell  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rohrabacher  
Rokita  
Rooney (FL)  
Ros-Lehtinen  
Roskam  
Ross  
Rothfus  
Rouzer  
Royce  
Russell  
Salmon  
Sanford  
Scalise  
Schweikert  
Sensenbrenner  
Sessions  
Shimkus

Shuster  
Simpson  
Sinema  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Stefanik  
Stewart  
Stivers  
Stutzman  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Trott  
Turner  
Upton  
Valadao  
Wagner  
Walberg  
Walden

## NAYS—164

Adams  
Aguilar  
Beatty  
Becerra  
Beyer  
Bishop (GA)  
Blumenauer  
Bonamici  
Boyle, Brendan F.  
Brady (PA)  
Brown (FL)  
Brownley (CA)  
Bustos  
Butterfield  
Capps  
Capuano  
Cárdenas  
Carson (IN)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly  
Conyers  
Cooper  
Courtney  
Crowley  
Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
DeLauro  
DelBene  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael F.  
Duckworth  
Edwards  
Ellison  
Engel  
Eshoo  
Esty  
Foster  
Frankel (FL)  
Fudge

Gabbard  
Gallego  
Garamendi  
Graham  
Grayson  
Green, Al  
Green, Gene  
Gutiérrez  
Hahn  
Heck (WA)  
Higgins  
Himes  
Hinojosa  
Honda  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kelly (IL)  
Kennedy  
Kildee  
Kilmer  
Kirkpatrick  
Kuster  
Langevin  
Larsen (WA)  
Larsen (CT)  
Lawrence  
Lee  
Levin  
Lieu, Ted  
Loeb sack  
Lofgren  
Lowenthal  
Lowe  
Lujan Grisham  
(NM)  
Luján, Ben Ray  
(NM)  
Lynch  
Maloney,  
Carolyn  
Maloney, Sean  
Matsui  
McCollum  
McDermott  
McGovern  
McNerney  
Meng  
Moore  
Moulton  
Murphy (FL)

Napolitano  
Neal  
Nolan  
Norcross  
O'Rourke  
Pallone  
Pascrell  
Payne  
Pelosi  
Perlmutter  
Pingree  
Pocan  
Polis  
Price (NC)  
Quigley  
Rangel  
Richmond  
Roybal-Allard  
Ruiz  
Ruppersberger  
Rush  
Ryan (OH)  
Sánchez, Linda T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schrader  
Scott (VA)  
Scott, David  
Serrano  
Sewell (AL)  
Sherman  
Sires  
Slaughter  
Smith (WA)  
Swaikwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Titus  
Tonko  
Torres  
Tsongas  
Van Hollen  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Walz  
Wasserman  
Schultz  
Waters, Maxine  
Watson Coleman  
Yarmuth

## NOT VOTING—26

Bass  
Bost  
Buchanan  
Cramer  
Culberson  
Delaney  
Denham  
DeSantis  
Ellmers (NC)

Farr  
Grijalva  
Harris  
Hastings  
Katko  
LaMalfa  
Lewis  
Meeks  
Nadler

Nugent  
Rice (NY)  
Scott, Austin  
Speier  
Takai  
Welch  
Westmoreland  
Wilson (FL)

□ 1543

Mses. EDWARDS and CLARK of Massachusetts changed their vote from “yea” to “nay.”

Mr. ASHFORD changed his vote from “nay” to “yea.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. DENHAM. Mr. Speaker, I was inadvertently detained on rollcall vote 351 regarding H.R. 1270, the Restoring Access to Medication Act of 2015. Had I been present to vote, I would have voted “yes.”

Stated against:

Mr. WELCH. Mr. Speaker, I was unable to vote on rollcall 351. I would have voted “nay” on rollcall 351 had I been there.

Jordan  
Joyce  
Kelly (MS)  
Kelly (PA)  
King (IA)  
King (NY)  
Kinzinger (IL)  
Kline  
Knight  
Labrador  
LaHood  
LaMalfa  
Lamborn  
Lance  
Latta  
LoBiondo  
Long  
Loudermilk  
Love  
Lucas  
Luetkemeyer  
Lummis  
MacArthur  
Marchant  
Marino  
Massie  
McCarthy  
McCaul  
McClintock  
McHenry  
McKinley  
McMorris  
Rodgers  
McSally  
Meadows  
Meehan  
Messer  
Mica  
Miller (FL)  
Miller (MI)  
Moolenaar  
Mooney (WV)  
Mullin  
Mulvaney  
Murphy (PA)

Neugebauer  
Newhouse  
Noem  
Nunes  
Olson  
Palazzo  
Palmer  
Paulsen  
Pearce  
Perry  
Peterson  
Pittenger  
Pitts  
Poe (TX)  
Poliquin  
Pompeo  
Posey  
Price, Tom  
Ratcliffe  
Reed  
Reichert  
Renacci  
Ribble  
Rice (SC)  
Rigell  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rohrabacher  
Rokita  
Rooney (FL)  
Ros-Lehtinen  
Roskam  
Ross  
Rothfus  
Rouzer  
Royce  
Russell  
Salmon  
Sanford  
Scalise  
Schweikert  
Scott, Austin  
Sensenbrenner

Sessions  
Shimkus  
Shuster  
Simpson  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Stefanik  
Stewart  
Stivers  
Stutzman  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Trott  
Turner  
Upton  
Valadao  
Wagner  
Walberg  
Walden  
Walker  
Walorski  
Walters, Mimi  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Whitfield  
Williams  
Wilson (SC)  
Wittman  
Womack  
Woodall  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Young (IN)  
Zeldin  
Zinke

## NAYS—180

Adams  
Aguilar  
Ashford  
Bass  
Beatty  
Becerra  
Bera  
Beyer  
Bishop (GA)  
Blumenauer  
Bonamici  
Boyle, Brendan F.  
Brady (PA)  
Brown (FL)  
Brownley (CA)  
Bustos  
Butterfield  
Capps  
Capuano  
Cárdenas  
Carney  
Carson (IN)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Cleaver  
Clyburn  
Cohen  
Connolly  
Conyers  
Cooper  
Courtney  
Crowley  
Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
DeLauro  
DelBene  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael F.  
Duckworth  
Edwards  
Ellison  
Engel  
Eshoo  
Esty  
Farr  
Foster  
Frankel (FL)  
Fudge  
Gabbard  
Garamendi  
Graham  
Grayson  
Green, Al  
Green, Gene  
Grijalva  
Gutiérrez  
Hahn  
Heck (WA)  
Higgins  
Himes  
Hinojosa  
Honda  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kelly (IL)  
Kennedy  
Kildee  
Kilmer  
Kind  
Kirkpatrick  
Kuster  
Langevin  
Larsen (WA)  
Larsen (CT)  
Lawrence  
Lee  
Levin  
Lewis  
Lieu, Ted  
Lipinski  
Loeb sack

Doyle, Michael F.  
Duckworth  
Edwards  
Ellison  
Engel  
Eshoo  
Esty  
Farr  
Foster  
Frankel (FL)  
Fudge  
Gabbard  
Garamendi  
Graham  
Grayson  
Green, Al  
Green, Gene  
Grijalva  
Gutiérrez  
Hahn  
Heck (WA)  
Higgins  
Himes  
Hinojosa  
Honda  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kelly (IL)  
Kennedy  
Kildee  
Kilmer  
Kind  
Kirkpatrick  
Kuster  
Langevin  
Larsen (WA)  
Larsen (CT)  
Lawrence  
Lee  
Levin  
Lewis  
Lieu, Ted  
Lipinski  
Loeb sack

Lofgren  
Lowenthal  
Lowe  
Lujan Grisham (NM)  
Luján, Ben Ray (NM)  
Lynch  
Maloney, Carolyn  
Maloney, Sean  
Matsui  
McCollum  
McDermott  
McGovern  
McNerney  
Meeks  
Meng  
Moore  
Moulton  
Murphy (FL)  
Napoli  
Neal  
Nolan  
Norcross  
O'Rourke  
Pallone  
Pascrell  
Payne  
Pelosi  
Perlmutter  
Peters  
Pingree  
Pocan  
Polis  
Price (NC)  
Quigley  
Rangel  
Rice (NY)  
Richmond  
Roybal-Allard  
Ruiz  
Ruppersberger  
Rush  
Ryan (OH)  
Sánchez, Linda T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Scott (VA)